

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90053 043 ***150.00

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DOCUMENT # P98000049229

1. Entity Name
HOME BUYERS EXPRESS, INC.

Principal Place of Business
116 GARDENIA AVENUE
PONTE VEDRA BEACH FL 32082

Mailing Address
P.O. BOX 3037
PONTE VEDRA BEACH FL 32004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
116 GARDENIA AVE
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3037
 Suite, Apt. #, etc.

City & State
PONTE VEDRA BEACH
 Zip
32082
 Country
USA

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PONTE VEDRA BEACH, FL.
 Zip
32082
 Country
USA

4. FEI Number **59-3505510** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HEFT, CORA LEE W
116 GARDENIA AVENUE
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
 NAME **D HEFT, CORA L** ☐ Delete
 STREET ADDRESS **116 GARDENIA AVENUE**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CORA LEE W HEFT

Date

Daytime Phone #

01/31/02 (904) 213-0579

CR2E034 (9/01)